Effect of patient hotels for hospitals and patients

This is an excerpt from the full technical report, which is written in Norwegian.

The excerpt provides the report's main messages in English.

No. 11–2011

Systematic review

kunnskapssenteret

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Norwegian Knowledge Centre for the Health Services summarizes and disseminates evidence concerning the effect of treatments, methods, and interventions in health services, in addition to monitoring health service quality. Our goal is to support good decision making in order to provide patients in Norway with the best possible care. The Centre is organized under The Norwegian Directorate for Health, but is scientifically and professionally independent. The Centre has no authority to develop health policy or responsibility to implement policies.

We would like to thank all contributers for their expertise in this project. Norwegian Knowledge Centre for the Health Services assumes final responsibility for the content of this report.

Norwegian Knowledge Centre for the Health Services
Oslo, May 2011

Key Messages (in English)

In Norway, patients hotels market themselves as an option for inpatients that do not need medical attention 24 hours a day and as a respite in the treatment. A patient hotel can offer patients short distance to expertise and treatment if necessary, while the hospital frees a bed to patients with greater need of treatment. A patient hotel can be suitable accommodation for patients before, during or after a hospital stay.

In connection with the economic considerations in the regional health authorities a review about the effects of patient hotels would contribute to a clarification to whether to increase the investments in such facilities. The Knowledge Centre received a commission from South-Eastern Norway Regional Health Authority, Department of Service Development and Interaction to summarize the knowledge on effect of patient hotels. The effects of patient hotels should be measured for both the hospital, in terms of costs, but also for the patients, in terms of safety or satisfaction. In the project patient hotels should be compared with other types of accommodation. The project was not limited to studies that compared patient hotels with inpatient stay, but all other accommodations without extensive treatment, also stay in own home.

In the project we identified eight studies on the effect of patient hotels. Most of thes studies recruited patients which for Norwegian conditions probably would not be considered residents in a patient hotel. Additionally, most studies included few patients and all of them had high risk of bias. Therefore, we can not draw conclution on effect of patient hotels, neither for hospitals nor for patients when patients are accomodated at a patient hotel before, during or after treatment at a regular hospital ward.

Effect of patient hotels for hospitals and patients

What kind of report is this?

Type of publication:

Systematic review

A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review. Statistical methods (meta-analysis) may or may not be used to analyse and summarise the results of the included studies.

Doesn't answer everything:

- Excludes studies that fall outside of the inclusion criteria
- No health economic evaluation
- No recommendations

Publisher:

Norwegian Knowledge Centre for the Health Services

When was the literature search done?

Latest search for studies: April 2010.

Executive summary (in English)

Effect of patient hotels on hospitals and patients

Background

The Knowledge Centre received a commission in November 2009 from the South-Eastern Norway Regional Health Authority, Department of Service Development and Interaction, to summarize the knowledge of effect of patient hotels compared to other types of accommodation.

In this project we have searched for literature in which a patient hotel is described as a temporary, voluntary accommodation where the patient has greater freedom to visit with relatives than in a regular hospital ward. However, the use of patient hotels requires a connection to a stay in hospital. In the description of patient hotels at Ullevål and Haukeland hospitals, and on the websites of other patient hotels in Norway, it is emphasised that there is very little treatment. The regulation of patient hotels still permits some treatment. The duration of a stay at a patient hotel is not clarified. For some patients, especially patients with psychiatric diagnoses, a more informal residence than a hospital ward is desirable. At the same time these patients may have less ability to take care of themselves, and they suffer long term illnesses that may imply that the patient will be staying in a temporary, informal residence for a very long period of time, possibly for the rest of their lives.

The main arguments for patient hotels are that many patients need a place to rest before or after a hospital treatment, preferably without occupying a bed at a hospital ward. This appears to be convenient for the patient and a more appropriate use of the beds and resources of the hospital. For some types of treatment there may periods where to travel back and forth from home will be inconvenient and tiring for the patient, especially where the distance between the hospital and the home is great. For some patients there will also be periods of time when presence of relatives is desirable. A patient hotel can arrange the visitation with their children and spouse in connection with the illness of a mother, a father, a child or at childbirth.

Methods

We searched systematically for literature in the following databases:
• Cochrane Library:
  - Cochrane Database of Systematic Reviews
  - Cochrane Central Register of Controlled Trials
  - Database of Abstracts of Reviews of Effects
  - Health Technology Assessment Database
  - NHS Economic Evaluation Database
• Centre for Reviews of Dissemination (CRD); DARE
• Ovid MEDLINE
• EMBASE (Ovid)

Research librarian Ingrid Harboe planned and carried out all the searches in collaboration with the project leader. The complete search strategy is presented in Appendix 1.

The inclusion criteria were:

- Population: patients being admitted to or discharged from hospital, patients admitted for examination at a hospital or family to an inpatient.
- Interventions: use of patient hotel, sick hotel, or hotel in conjunction with a hospital
- Comparison: other accommodations at the hospital, i.e. inpatient, use of regular hotels or staying at home as an outpatient.
- Outcomes: Costs for the hospital i.e. number of days, resource use, readmissions, assessments by the patients i.e. safety and satisfaction.
- Study design: systematic review of high quality. Primary studies of the following designs: randomised controlled trials, clinical controlled studies, controlled before and after studies, and interrupted time series.

The results from the search for literature were evaluated by two persons independently. Risk for error and biases in the studies were assessed by checklists. The quality of the documentation for each outcome was evaluated with GRADE.

Results

We identified 5061 references in the search for literature conducted 19.4.2010 and in the reference lists in the reviewed articles. Of these, 47 studies was assessed as relevant and read in full text. Eight articles were included in this systematic review. One study looked at alternatives to admission to a hospital, six studies looked at alternatives at discharge. Five articles included patients with various psychiatric diagnoses, while the three last studies included different patients, obstetric, acute care and elderly patients. All studies reported different types of costs, while none reported effect on patient safety. However, one article reported on quality of life.

None of the studies had both similar study population and comparison of type of accommodation. Therefore it was not appropriate to combine the studies in a meta-analysis. Additionally, we considered all studies to have a high risk of bias. All together the quality for documenting effect was very low. We cannot draw conclusion as to the effect of patient hotels, neither for hospitals nor for patients when patients are accommodated at a patient hotel before, during or after treatment at a regular hospital ward.

Discussion

We have searched for accommodation that may have many different names, because terms used will depend upon local organization of services. If they are referred to by other names than the terms we have included in our search, we may have missed relevant literature in the search carried out for this review.

Limits to the duration of a stay in a patient hotel before this no longer can be described as a hotel stay, and which services the patient can receive during the stay, is unclear in this project. Thus there is a risk that we may have included studies that offers services that are too extensive to be regarded as a patient hotel. Similarly, we may have excluded studies that should have been included on the basis of the services they provide, because they are similar to the services provided in institutions called patient hotels.

Conclusion

In this systematic review, we identified eight studies on effect of patient hotels. Most studies recruited patients that would probably not be considered a resident in a patient hotel in Norway. Additionally, most studies included few patients and all of them had a high risk of bias. Therefore we cannot draw conclution on effect of patient hotels, neither for hospitals nor for patients.

Even though we cannot be combined in a way that enables us to draw a conclusion as to if there is an effect of patient hotels, this does not mean that patient hotels do not have an effect. Patient hotels may have effect both for hospitals and patients, but we cannot document this with the results from the research identified.

Although there are many studies on discharge procedures and other issues regarding discharge of patients from hospital to their own home or other accommodations, there are few comparable studies on patient hotels. The studies in this review are mainly with groups of patients where there are few patients. Therefore, we need more studies with a larger number of patients and of better quality to be able to draw a conclusion.

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